



Minister of Advanced Education, Employment and Immigration

## ***Saskatchewan Scholarship of Honour***

### **Instructions**

1. To be considered for the Saskatchewan Scholarship of Honour, you must be:
  - enrolled in a post-secondary institution anywhere in Canada with a program of study start date **on or after March 2, 2009; and**
  - a returning soldier who served in designated military operations in the Canadian Forces (Regular or Reserves) after January 2001; **and**
  - a returning soldier who is a current or former Saskatchewan resident; **or**
  - the spouse or child of a permanently disabled or deceased soldier who served in military operations after January 2001 and who is or was a Saskatchewan resident.
2. Use this application form to apply for this scholarship. Applications will be received on an ongoing basis.
3. To be considered, applications must include a copy of the information listed below. Incomplete applications will not be considered.
4. This scholarship is a once in a lifetime benefit of \$5,000. A tax slip (T4A) will be issued for income tax purposes.

### **Attachments to this Application**

In addition to the completed application form, a copy of the following documentation is required to support a candidate's application:

- Documentation of service dates;
- Confirmation of Enrolment at a post-secondary institution in Canada and
- Medical documentation to support disability claim (if applicable).

### **For more information or to submit your application:**

Telephone: 1-800-597-8278 toll-free  
(306) 787-5620 in the Regina Area or outside of Canada

Fax: (306) 787-1608  
\*\* Please allow two business days before calling to confirm receipt of faxes sent.

Mailing Address: Advanced Education, Employment and Immigration  
Student Financial Assistance Branch  
200 – 3303 Hillside Street  
Regina, SK S4S 6P4



Minister of Advanced Education, Employment and Immigration

# Saskatchewan Scholarship of Honour Family Member Application Form

## A. Personal Information

Social Insurance Number

Preferred Title  Mr.  Mrs.  Ms.  Miss

Name \_\_\_\_\_  
Surname Given Name Initial

### Permanent Address

\_\_\_\_\_  
Apartment # Street/Box No.  
\_\_\_\_\_  
City/Town Province Postal Code

### Mailing Address (For correspondence related to this application, if different from permanent address)

\_\_\_\_\_  
Apartment # Street/Box No.  
\_\_\_\_\_  
City/Town Province Postal Code

Telephone No. ( ) - \_\_\_\_\_ Cell Phone No. ( ) - \_\_\_\_\_  
Area Code Area Code

Email address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Posting Start Date \_\_\_\_\_  
Day Month Year Month Year

Member Service Number (SN) \_\_\_\_\_ Posting End Date \_\_\_\_\_  
Month Year Month Year

Name of Canadian Forces Member \_\_\_\_\_

Relationship to Canadian Forces Member  Spouse  Child

Is the Canadian Forces Member deceased?  No  Yes Date \_\_\_\_\_  
Month Year

Date and location where the Canadian Forces member resided in Saskatchewan for a minimum of six consecutive months:  
Location: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
Month Year Month Year

## B. Post-Secondary Education Information

Name of Institution \_\_\_\_\_

Program Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone No. ( ) -  
Area Code

Street/Box No. \_\_\_\_\_

City/Town \_\_\_\_\_

Province \_\_\_\_\_

Postal Code \_\_\_\_\_

### Program Type

- |   |   |
|---|---|
| <input type="checkbox"/> Journeyperson              | <input type="checkbox"/> 3 Year Bachelor/Undergraduate Degree |
| <input type="checkbox"/> 1 Year Certificate/Diploma | <input type="checkbox"/> 4 Year Bachelor/Undergraduate Degree |
| <input type="checkbox"/> 2 Year Certificate/Diploma | <input type="checkbox"/> Masters/Ph.D                         |

Program Start Date | | |  
Day Month Year

Program End Date | | |  
Day Month Year

## C. Disability Information (if applicable)

### Nature of Disability of Canadian Forces Member

- |  |  |
|--|--|
| <input type="checkbox"/> Deaf, Hard of Hearing                                   | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Blind, Visually Impaired                                | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Other (e.g. head injury, mental illness) specify: _____ |  |

## D. Authorization to Release Information

I, \_\_\_\_\_, authorize the Canadian Forces to release information regarding my  
(name – please print)  
eligibility for the Scholarship of Honour to the Ministry of Advanced Education, Employment and Immigration.

I, \_\_\_\_\_, authorize my educational institution to release information regarding  
(name – please print)  
my post-secondary program to the Ministry of Advanced Education, Employment and Immigration.

## E. Application, Understanding and Declaration

**I hereby apply** to the Saskatchewan Minister of Advanced Education, Employment and Immigration (AEEI) for the Scholarship of Honour.

**I understand** that the Saskatchewan Scholarship of Honour is a once in a lifetime benefit of \$5,000.

**I declare** that the information I have provided in this application is complete and accurate to the best of my knowledge as of the date of signing.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date